

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an  
amended filing

**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Traci  
 First name  
 Alicia  
 Middle name  
 DeWilde  
 Last name  
 Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name  
 Middle name  
 Last name  
 Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Traci Morrow

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 9 6 9 4

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9 xx - xx - \_\_\_\_\_

<b>About Debtor 1:</b>	
<p><b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b></p> <p>Include trade names and <i>doing business as</i> names</p> <p><input type="checkbox"/> I have not used any business names or EINs.</p> <p>Red Knight Solutions, LLC</p> <p>Business name</p> <p>RKS Business Holdings, LLC</p> <p>Business name</p> <p>47-5064534</p> <p>EIN</p> <p>83-4533120</p> <p>EIN</p>	
<b>About Debtor 2 (Spouse Only in a Joint Case):</b>	
<p><input type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name</p> <p>Business name</p> <p>EIN</p> <p>EIN</p>	
<p><b>5. Where you live</b></p> <p>4221 Deerhurst Dr</p> <p>Number Street</p> <p>Plano TX 75093</p> <p>City State ZIP Code</p> <p>Collin County</p> <p>County</p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>Number Street</p> <p>P.O. Box</p> <p>City State ZIP Code</p>	
<p><b>If Debtor 2 lives at a different address:</b></p> <p>Number Street</p> <p>City State ZIP Code</p> <p>County</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number Street</p> <p>P.O. Box</p> <p>City State ZIP Code</p>	
<p><b>6. Why you are choosing this district to file for bankruptcy</b></p> <p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p> <p><i>Check one:</i></p> <p><input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>	

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.

Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No

Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

---

**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input checked="" type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Traci Alicia DeWilde

Signature of Debtor 1

Executed on 10/18/2019

MM / DD / YYYY

**X**

Signature of Debtor 2

Executed on

MM / DD / YYYY

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ John Chad Edwards

Signature of Attorney for Debtor

Date

10/18/2019

MM / DD / YYYY

John Chad Edwards

Printed name

Dallas Bankruptcy Center

Firm name

2940 Commerce St

Number Street

Dallas

TX

75226

City

State

ZIP Code

Contact phone 2145582256

Email address chade@dallasbankruptcycenter.com

24102843

TX

Bar number

State

**Fill in this information to identify your case:**

Debtor 1	Traci Alicia DeWilde		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Texas			
Case number	(If known)		

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

<b>Your assets</b>	
Value of what you own	
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ <u>69,254.99</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ <u>69,254.99</u>

**Part 2: Summarize Your Liabilities**

<b>Your liabilities</b>	
Amount you owe	
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$ <u>61,038.69</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>25,000.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>282,997.54</u>
	<b>+</b> \$ <u>369,036.23</u>

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)	\$ <u>6,012.47</u>
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	\$ <u>6,011.00</u>
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	

Traci Alicia DeWilde

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ \_\_\_\_\_

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 25,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 17,523.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
<b>9g. Total.</b> Add lines 9a through 9f.	\$ 42,523.00

Debtor 1	Traci Alicia DeWilde		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Texas			
Case number			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. \_\_\_\_\_  
Street address, if available, or other description

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

Check if this is community property

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:**

1. _____	<b>What is the property?</b> Check all that apply.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Street address, if available, or other description _____	<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
City _____ State _____ ZIP Code _____	\$ _____ \$ _____		
County _____	<b>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.</b> _____		
<b>Who has an interest in the property?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<b>Other information you wish to add about this item, such as local property identification number:</b> _____			
<p>2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ..... → <span style="border: 1px solid black; padding: 2px;">\$ 0.00</span></p>			

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.**

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1. Make: Ford  
Model: Mustang  
Year: 2015  
Approximate mileage: 35000

Other information:  
Condition: Good; VIN 1FA6P8CF2F5308941  
#6205152352886

**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \$ 25,000.00 **Current value of the portion you own?** \$ 25,000.00

If you own or have more than one, describe here:

3.2. Make: Cadillac  
Model: XTS  
Year: 2014  
Approximate mileage: 70000

Other information:  
Condition: Good; Account 6206173530004

**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \$ 11,350.00 **Current value of the portion you own?** \$ 11,350.00

3.3. Make: Ford  
 Model: Escape  
 Year: 2014  
 Approximate mileage: 70000

Other information:

Condition: Good; Account  
6203136189883**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$11,318.00 \$11,318.00

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_

Other information:

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... ➔

\$ 47,668.00

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe.....

5 Desks \$300; 5 Computers \$2000 (\$400 each); 3 Beds \$300; 2 sofas \$300; Washer and Dryer \$200; Decorative Chairs \$200; Bookcase \$200; Table/Charis \$500; Pots/Pans/Silverware \$30; Cups/plates \$20; Pictures and picture frames \$200

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

\$ 4,250.00

**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe.....

4 Cellphones \$100; Tablet \$200; 50inch TV \$200; 42 inch TV \$150; 55 Inch TV 250; 55inch TV \$250; 55 inch TV \$250

\$ 1,400.00

**8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe.....

\$ 0.00

**9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe.....

Golf clubs \$250, Tools \$100

\$ 350.00

**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe.....

\$ 0.00

**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe.....

Women/Children clothing \$400

\$ 400.00

**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....

Silver Bracelet \$500; Watches \$100; various rings, earrings, and bracelets \$100; Wedding Ring \$1000

\$ 1,700.00

**13. Non-farm animals***Examples: Dogs, cats, birds, horses* No Yes. Describe.....

House dog chocolate lab, older.

\$ 100.00

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

\$ 0.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 8,200.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....

Cash: ..... \$ 10.00

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking account:	Chime Personal Checking 7304	\$ 322.88
17.2. Checking account:	Lien Chase personal checking 6970 lien with Kristen DeWilde	\$ Unknown
17.3. Savings account:	Marcus Personal Savings 4608	\$ 220.00
17.4. Savings account:	Lien Wells Fargo Savings Peronal Lien 8406	\$ 0.00
17.5. Certificates of deposit:		\$
17.6. Other financial account:	Wells Fargo Peronsal Checking 0240 lien joint with daughter	\$ Unknown
17.7. Other financial account:	Lien Wells Fargo 0257 joint with son	\$ 0.00
17.8. Other financial account:	Business North Dallas Bank and Trust xxx0120	\$ 1,552.57
17.9. Other financial account:	Wells Fargo xxxx1398 Lien Personal Negative Balance of 1500	\$ 0.00

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

.....	\$ .....
.....	\$ .....
.....	\$ .....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them. ....

Name of entity:

% of ownership:

.....	%	\$ .....
.....	%	\$ .....
.....	%	\$ .....

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them. ....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately. Institution name:

Type of account:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_

Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_

IRA: Edwards Jones IRA 391 81528 1 4 and holding account 991 12407 1 2 \$ 0.00

Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_

Keogh: \_\_\_\_\_ \$ \_\_\_\_\_

Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes..... Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_

Gas: \_\_\_\_\_ \$ \_\_\_\_\_

Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_

Rental unit: Business Security Depoist Office Lease, Landlord rental \$ 4,900.00

Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_

Telephone: \_\_\_\_\_ \$ \_\_\_\_\_

Water: \_\_\_\_\_ \$ \_\_\_\_\_

Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_

Other: Business Lease Security Deposit \$ 3,368.00

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes..... Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them. ....

\_\_\_\_\_ \$ 0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them. ....

\_\_\_\_\_ \$ 0.00

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them. ....

\_\_\_\_\_ \$ 0.00

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal:	\$ 0.00
State:	\$ 0.00
Local:	\$ 0.00

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information. ....

Alimony:	\$ 0.00
Maintenance:	\$ 0.00
Support:	\$ 0.00
Divorce settlement:	\$ 0.00
Property settlement:	\$ 0.00

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. ....

\_\_\_\_\_ \$ 0.00

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company      Company name:  
of each policy and list its value. ....

State Farm LF 2609 2951

State Farm LF 3828 8427

Beneficiary:

Lanny Morrow

Liftfund

Surrender or refund value:

\$ 0.00

\$ 0.00

\$

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. ....

\$ 0.00

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim. ....

\$ 0.00

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....

\$ 0.00

**35. Any financial assets you did not already list** No Yes. Give specific information. ....

\$ 0.00

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 10,386.99

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe. ....

\$ 0.00

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe. .... 30 student desks; 60 chairs; 3 large white boards; 1 end table; 1 bookshelf; 2 buffett tables; 1 reception \$ 3,000.00

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

\$ 0.00

**41. Inventory** No Yes. Describe.....

\$ 0.00

**42. Interests in partnerships or joint ventures** No Yes. Describe..... Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

\$ 0.00

**44. Any business-related property you did not already list** No Yes. Give specific information .....

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$ 3,000.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

\$ \_\_\_\_\_

## 48. Crops—either growing or harvested

 No Yes. Give specific information. ....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes. ....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

 No Yes. ....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information. ....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ..... →

\$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information. ....

## 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... →

\$ 0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 ..... →

\$ 0.00

56. Part 2: Total vehicles, line 5 \$ 47,668.00

57. Part 3: Total personal and household items, line 15 \$ 8,200.00

58. Part 4: Total financial assets, line 36 \$ 10,386.99

59. Part 5: Total business-related property, line 45 \$ 3,000.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. .... → + \$ 69,254.99

63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$ 69,254.99

Debtor 1

Traci Alicia DeWilde

First Name Middle Name

Last Name

Case number (if known)

**Continuation Sheet for Official Form 106A/B**

**17) Deposits of money**

**Texas Credit Union** **\$13.54**

**Lien Wells Fargo Savings 7755 peronsal** **Unknown**  
**joint with daughter**

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
Last Name		
United States Bankruptcy Court for the: Eastern District of Texas		
Case number (if known)		-----

Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 2015 Ford Mustang	\$ 25,000.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(9)
Line from <i>Schedule A/B</i> : 3.1 Brief description: Household goods - 5 Desks \$300; 5 Computers \$2000 (\$400 each); 3 Beds \$300; 2 sofas \$300; Washer and Dryer \$200; Decorative Chairs \$200; Bookcase \$200; Table/Charis \$500; Pots/Pans/Silverware \$30; Cups/plates \$20;	\$ 4,250.00	<input checked="" type="checkbox"/> \$ 4,250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Line from <i>Schedule A/B</i> : 6 Brief description: Electronics - 4 Cellphones \$100; Tablet \$200; 50inch TV \$200; 42 inch TV \$150; 55 Inch TV 250; 55inch TV \$250; 55 inch TV \$250	\$ 1,400.00	<input checked="" type="checkbox"/> \$ 1,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)

## 3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No  
 Yes

Debtor

Traci Alicia DeWilde

First Name Middle Name Last Name

Case number (if known)

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Sports and hobby equipment - Golf clubs \$250 Brief description: Line from Schedule A/B: 9	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Sports and hobby equipment - Tools \$100 Brief description: Line from Schedule A/B: 9	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Clothing - Women/Children clothing \$400 Brief description: Line from Schedule A/B: 11	\$ 400.00	<input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Jewelry - Silver Bracelet \$500; Watches \$100; various rings, earrings, and bracelets \$100; Wedding Ring \$1000 Brief description: Line from Schedule A/B: 12	\$ 1,700.00	<input checked="" type="checkbox"/> \$ 1,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(4)
Pets - House dog chocolate lab, older. Brief description: Line from Schedule A/B: 13	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Cash (Cash On Hand) Brief description: Line from Schedule A/B: 16	\$ 10.00	<input checked="" type="checkbox"/> \$ 10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.001(a), (d), 42.002
Texas Credit Union (Other) Brief description: Line from Schedule A/B: 17	\$ 13.54	<input checked="" type="checkbox"/> \$ 13.54 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Chime Personal Checking 7304 (Checking) Brief description: Line from Schedule A/B: 17.1	\$ 322.88	<input checked="" type="checkbox"/> \$ 322.88 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Marcus Personal Savings 4608 (Savings) Brief description: Line from Schedule A/B: 17.3	\$ 220.00	<input checked="" type="checkbox"/> \$ 220.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Business North Dallas Bank and Trust xxx0120 (Checking) Brief description: Line from Schedule A/B: 17.8	\$ 1,552.57	<input checked="" type="checkbox"/> \$ 1,552.57 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Edwards Jones IRA 391 81528 1 4 and holding account 991 12407 1 2 Brief description: Line from Schedule A/B: 21	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.0021
Business Security Deposit Office Lease (Security Deposits) Brief description: Line from Schedule A/B: 22	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Landlord rental (Security Deposits) Brief description:	\$ 1,900.00	<input checked="" type="checkbox"/> \$ 1,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Line from Schedule A/B: 22 Brief description:	\$ 3,368.00	<input checked="" type="checkbox"/> \$ 2,585.88 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Line from Schedule A/B: 22 Brief description:	\$ 3,368.00	<input checked="" type="checkbox"/> \$ 782.12 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Line from Schedule A/B: 22 Brief description:	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 475.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Line from Schedule A/B: 39 Brief description:	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 2,525.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(6)
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 39 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
United States Bankruptcy Court for the: Eastern District of Texas		
Case number (If known)		

Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A <b>Amount of claim</b> Do not deduct the value of collateral.	Column B <b>Value of collateral that supports this claim</b>	Column C <b>Unsecured portion if any</b>
2.1 Capital One Auto Finance	\$17,264.29	\$ 11,350.00	\$ 5,914.29
Creditor's Name POB 60511	Describe the property that secures the claim: 2014 Cadillac XTS - \$11,350.00		
Number Street			
City Of Industry CA 91716	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred 2017	Last 4 digits of account number 6206173530004		
2.2 Capital One Auto Finance	Describe the property that secures the claim: \$26,001.91	\$ 25,000.00	\$ 1,001.91
Creditor's Name POB 60511	2015 Ford Mustang - \$25,000.00		
Number Street			
City Of Industry CA 91716	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred 09/01/2019	Last 4 digits of account number 6205152352886		
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 43,266.20			

Debtor 1

Traci Alicia DeWilde

First Name Middle Name

Last Name

Case number (if known)

## Part 1:

## Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**Column A**  
Amount of claim  
Do not deduct the value of collateral.

**Column B**  
Value of collateral that supports this claim

**Column C**  
Unsecured portion  
If any

2.3 Capital One Auto Finanice

Describe the property that secures the claim: \$ 17,772.49 \$ 11,318.00 \$ 6,454.49

Creditor's Name  
POB 60511

Number Street

2014 Ford Escape - \$11,318.00

City Of Industry 91716  
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Date debt was incurred 2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 6203136189883

Creditor's Name  
Number Street

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Date debt was incurred \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number

Creditor's Name  
Number Street

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Date debt was incurred \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 17,772.49

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$ 61,038.69

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Texas			
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	Arizona Department of Economic Security		
<p>Priority Creditor's Name POB 6028</p> <p>Number Street Mail Drop 5881</p> <p>Phoenix AZ 85005</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>Last 4 digits of account number 9694 47-5064 \$ Unknown \$ Unknown \$ Unknown</p> <p>When was the debt incurred? Personal Guarantee on Business Debt</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>			
2.2	EDD		
<p>Priority Creditor's Name POB 826805</p> <p>Number Street</p> <p>Sacramento CA 94205-0001</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>Last 4 digits of account number 9694 47-5064 \$ Unknown \$ Unknown \$ Unknown</p> <p>When was the debt incurred? Personal Guarantee on Business Debt</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>			

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
<b>2.3</b>	Illinois Department of Employment Security			Last 4 digits of account number 9694 47-506450	\$ Unknown	\$ Unknown	\$ Unknown
<p>Priority Creditor's Name 33 State St</p> <p>Number Street 10th Floor</p> <p>Chicago IL 60603-2802</p> <p>City State ZIP Code</p>				<p><b>When was the debt incurred?</b> Personal Guarantee on Busines Debt</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify</p>			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>							
<b>2.4</b>	Indiana Department of Revenue			Last 4 digits of account number 9694 47-506450	\$ Unknown	\$ Unknown	\$ Unknown
<p>Priority Creditor's Name TIS: 0161474500-001</p> <p>Number Street POB 1028</p> <p>Indianapolis IN 46206</p> <p>City State ZIP Code</p>				<p><b>When was the debt incurred?</b> Personal Guarantee on Busines Debt</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify</p>			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>							
<b>2.5</b>	IRS			Last 4 digits of account number 9694	\$ 25,000.00	\$ 0.00	\$ 25,000.00
<p>Priority Creditor's Name Insolvency Remittance</p> <p>Number Street POB 7317</p> <p>Philadelphia PA 19101</p> <p>City State ZIP Code</p>				<p><b>When was the debt incurred?</b> 2016, 2017, 2019</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify</p>			
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>							

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
<b>2.6</b>	Kansas Department of Revenue			Last 4 digits of account number 9694 47-50645	\$ Unknown	\$ Unknown	\$ Unknown
<p>Priority Creditor's Name Division of Taxation</p> <p>Number Street 120 SE 10th Ave POB 3506</p> <p>Topeka KS 66601-3506</p> <p>City State ZIP Code</p>				<p><b>When was the debt incurred?</b> Personal Guarantee on Business Debt</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<b>2.7</b>	Ohio Bureau of Workers Comp			Last 4 digits of account number 9694 47-50645	\$ Unknown	\$ Unknown	\$ Unknown
<p>Priority Creditor's Name 30 W Spring St</p> <p>Number Street</p> <p>Columbus OH 43215-2256</p> <p>City State ZIP Code</p>				<p><b>When was the debt incurred?</b> Personal Guarantee on Business Debt</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<b>2.8</b>	Oregon Department of Revenue			Last 4 digits of account number 9694 47-50645	\$ Unknown	\$ Unknown	\$ Unknown
<p>Priority Creditor's Name</p> <p>Number Street 955 Center St NE</p> <p>Salem OR 97301</p> <p>City State ZIP Code</p>				<p><b>When was the debt incurred?</b> Personal Guarantee on Business Debt</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
<b>2.9</b> Pennsylvania Department of Labor				Last 4 digits of account number 9694 47-50645	\$ Unknown	\$ Unknown	\$ Unknown
Priority Creditor's Name 651 Boas Street				When was the debt incurred? <u>Personal Guarantee on Busines Debt</u>			
Number Street				As of the date you file, the claim is: Check all that apply.			
Harrisburg PA 17121-0750				<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code				<b>Type of PRIORITY unsecured claim:</b>			
<b>Who incurred the debt?</b> Check one.				<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Check if this claim is for a community debt							
<b>Is the claim subject to offset?</b>				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
				Last 4 digits of account number \$ _____ \$ _____ \$ _____			
Priority Creditor's Name				When was the debt incurred?			
Number Street				As of the date you file, the claim is: Check all that apply.			
City State ZIP Code				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt?</b> Check one.				<b>Type of PRIORITY unsecured claim:</b>			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Check if this claim is for a community debt							
<b>Is the claim subject to offset?</b>				<input type="checkbox"/> No <input type="checkbox"/> Yes			
				Last 4 digits of account number \$ _____ \$ _____ \$ _____			
Priority Creditor's Name				When was the debt incurred?			
Number Street				As of the date you file, the claim is: Check all that apply.			
City State ZIP Code				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt?</b> Check one.				<b>Type of PRIORITY unsecured claim:</b>			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Check if this claim is for a community debt							
<b>Is the claim subject to offset?</b>				<input type="checkbox"/> No <input type="checkbox"/> Yes			

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Alfa Funding aka Alfa Advance

**Total claim**

4.1

Nonpriority Creditor's Name

3110 37th Ave, Ste 202

Number Street

Last 4 digits of account number

\$ 24,485.00

When was the debt incurred? 2019Long Island City NY 11101  
City State ZIP Code**As of the date you file, the claim is:** Check all that apply.

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Personal Guaranty business debt money loaned

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another**Check if this claim is for a community debt** **Is the claim subject to offset?**

No

Yes

4.2

American Receivable

Last 4 digits of account number Unknown\$ UnknownWhen was the debt incurred? 2019Nonpriority Creditor's Name  
12655 N Central Expressway  
Number Street  
Suite 675**As of the date you file, the claim is:** Check all that apply.

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Personal Guaranty on Business Debt

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another**Check if this claim is for a community debt** **Is the claim subject to offset?**

No

Yes

4.3

Aquinus Capital Funding

Last 4 digits of account number

\$ UnknownWhen was the debt incurred? 2019Nonpriority Creditor's Name  
2 University Plaza Suite 100  
Number Street**As of the date you file, the claim is:** Check all that apply.

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Personal Guaranty on Business Debt

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another**Check if this claim is for a community debt** **Is the claim subject to offset?**

No

Yes

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.4	Baymont	
Nonpriority Creditor's Name		Last 4 digits of account number
621 Central Pkwy E		2019
Number Street		\$ 1,000.00
Plano TX 75074		
City State ZIP Code		
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Build Card		Last 4 digits of account number
Nonpriority Creditor's Name		5360923200192587
c/o Continental Finance Co		\$ 399.74
Number Street		When was the debt incurred?
POB 660269		2017
Dallas TX 75266		
City State ZIP Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Capital One		Last 4 digits of account number
Nonpriority Creditor's Name		4802139761669314
POB 60599		\$ 493.77
Number Street		When was the debt incurred?
City Of Industry CA 91716		2018
City State ZIP Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.7	Capital One	
Nonpriority Creditor's Name		Last 4 digits of account number
POB 60599		5178058546105076
Number Street		\$ 475.00
City Of Industry CA 91716		
City		State ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.8	CashNet	
Nonpriority Creditor's Name		Last 4 digits of account number
5032 Pershing Ave		30874937-1
Number Street		\$ 1,149.89
Fort Worth TX 76107		
City		State ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.9	Citi Cards/Citibank	
Nonpriority Creditor's Name		Last 4 digits of account number
POB 20483		542418xxxxxxxxxxxx
Number Street		\$ Unknown
Kansas City MO 64195		
City		State ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.10	Commonwealth Fin Systems	
Nonpriority Creditor's Name		Last 4 digits of account number
c/o Texas Health Resources		D56730xxxxxxxx
Number Street		When was the debt incurred?
245 Main St		2019
Dickson City PA 18519		
City		State ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.11	Complete Business Solutions Group	\$ Unknown
Nonpriority Creditor's Name		Last 4 digits of account number
20-22 N 3rd St		When was the debt incurred?
Number Street		2019
Philadelphia PA 19106		
City		State ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.12	Credit One	\$ 327.28
Nonpriority Creditor's Name		Last 4 digits of account number
POB 60500		4447962462613740
Number Street		When was the debt incurred?
City Of Industry CA 91716		2016
City		State ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.13	<p>Discover</p> <p>Nonpriority Creditor's Name POB 790213</p> <p>Number Street</p> <p>Saint Louis MO 63179</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 601100587267xxxx</p> <p>When was the debt incurred? 2017</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>
4.14	<p>First Credit Services</p> <p>Nonpriority Creditor's Name c/o Camp Gladiator or Texas Family Fitness</p> <p>Number Street 337 Hoes Lane, Suite 200</p> <p>Piscataway NJ 08854</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2117660946</p> <p>When was the debt incurred? 9/10/2019</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Agency</p>
4.15	<p>Fusion Funding</p> <p>Nonpriority Creditor's Name 12443 San Jose Blvd</p> <p>Number Street</p> <p>Jacksonville FL 32223</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? 2019</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Personal Guarantor on Business debt</p>

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.16	Haggard Property Group	
Nonpriority Creditor's Name		Last 4 digits of account number RKS Business Holdi
Number Street		\$ 0.00
		When was the debt incurred?
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Office Lease		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.17	Helix	\$ 2,536.92
Nonpriority Creditor's Name		Last 4 digits of account number LF-005D38B7AF
Number Street		When was the debt incurred? 2016
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Pay day loan		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.18	IRS	\$ Unknown
Nonpriority Creditor's Name		Last 4 digits of account number 9694
Insolvency Remittance		When was the debt incurred? 2016
Number Street		
POB 7317		
Philadelphia		PA 19101
City		State ZIP Code
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Income Taxes		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>	
4.19	John Hartley, Esq	<p>Nonpriority Creditor's Name 20 N 3rd St Number Street</p> <p>City: Philadelphia, PA ZIP Code: 19106</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number Case190802160 When was the debt incurred? 6/5/2019  <b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Judgment Liens and/or legal fees and/or penalties fines and fees relating to Complete Business Solution Group, Inc dba PAR Funding vs Red Knight Solutions LLC dba Red Knight Solutions adn Traci DeWilde, Guarantor</p>
4.20	JP Morgan	<p>Nonpriority Creditor's Name Court Orders and Levies Number Street POB 183164</p> <p>City: Columbus, OH ZIP Code: 43218</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6970 When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Judgment Liens</p>
4.21	JP Morgan Chase	<p>Nonpriority Creditor's Name POB 15123 Number Street</p> <p>City: Wilmington, DE ZIP Code: 19850</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4266841559385701 When was the debt incurred? 2018  <b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.22	KHOLS Department Store		Total claim
Nonpriority Creditor's Name		Last 4 digits of account number 0357337302 639305 \$ 808.94	
Number Street POB 3115		When was the debt incurred? 2016	
Milwaukee WI 53201		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.23	Leap Credit		Last 4 digits of account number 6169295 \$ 773.26
Nonpriority Creditor's Name Bastion Funding TX II LLC		When was the debt incurred? 2017	
Number Street One Atlantic St, 7th FL		As of the date you file, the claim is: Check all that apply.	
Stamford CT 06901		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State ZIP Code		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.24	LG Funding		Last 4 digits of account number Unknown
Nonpriority Creditor's Name 1218 Union St		When was the debt incurred? 2019	
Number Street		As of the date you file, the claim is: Check all that apply.	
Brooklyn NY 11225		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State ZIP Code		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guaranty on Busienss Debt	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.25	Liftfund				<b>Total claim</b>
Nonpriority Creditor's Name			Last 4 digits of account number	20783	1207217000
SBA			When was the debt incurred?	<u>11/13/2017</u>	
Number Street			\$ <u>136,953.70</u>		
2007 W Martin St					
San Antonio TX 78207					
City State ZIP Code					
<b>Who incurred the debt?</b> Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.26	Macy's/DSNB				
Nonpriority Creditor's Name			Last 4 digits of account number	433393xxxxxx	\$ <u>446.00</u>
POB 78008			When was the debt incurred?	<u>2005</u>	
Number Street					
Phoenix AZ 85062					
City State ZIP Code					
<b>Who incurred the debt?</b> Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.27	Mercury Master Card				
Nonpriority Creditor's Name			Last 4 digits of account number	0485 523222004199	\$ <u>3,299.30</u>
Card Services			When was the debt incurred?		
Number Street					
POB 84064					
Columbus GA 31908					
City State ZIP Code					
<b>Who incurred the debt?</b> Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.28	National Credit Systems	
Nonpriority Creditor's Name c/o Outpost at Waco Number Street POB 312125		Last 4 digits of account number 390517x When was the debt incurred? 9/7/2018  <b>As of the date you file, the claim is:</b> Check all that apply.
Atlanta GA 31131 City State ZIP Code		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Apartment lease CoSigner
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.29	Nextwave Enterprises, LLC	Last 4 digits of account number Case 2019-028168.C \$20,231.15 When was the debt incurred? 12/2018
Nonpriority Creditor's Name c/o Carlos M Ferreyros, Esq Number Street 5757 Blue Lagoon Dr, Suite 170		<b>As of the date you file, the claim is:</b> Check all that apply.
Miami 33126 City State ZIP Code		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guaranty on Business Debt
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.30	North Texas Tollway	Last 4 digits of account number 9694 8571467 When was the debt incurred? \$Unknown
Nonpriority Creditor's Name 5900 W Plano Pkwy Number Street		<b>As of the date you file, the claim is:</b> Check all that apply.
Plano TX 75093 City State ZIP Code		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Tolls
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.31	One Main Financial	
Nonpriority Creditor's Name		Last 4 digits of account number
Pitman Corners		57217945 7192679(
Number Street		\$ 10,061.80
1301 Custer Rd Ste 250		
Plano TX 75075		
City State ZIP Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only		
<input type="checkbox"/> Debtor 2 only		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
4.32	Onpoint Solutions	
Nonpriority Creditor's Name		Last 4 digits of account number
360 RxR Plaza		\$ Unknown
Number Street		
Uniondale NY 11556		
City State ZIP Code		
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only		
<input type="checkbox"/> Debtor 2 only		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input checked="" type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
4.33	Residence Inn	
Nonpriority Creditor's Name		Last 4 digits of account number
1705 E President Bush Highway		Red Knight Solution
Number Street		\$ 4,000.00
Plano TX 75074		
City State ZIP Code		
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only		
<input type="checkbox"/> Debtor 2 only		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input checked="" type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Personal Loan		
<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Personal Guaranty on Business Debt		
<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Hotel Payment for Training Program Business Debt		

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			<b>Total claim</b>
4.34	Smile Barands Financing		
Nonpriority Creditor's Name 100 Specturm Center Dr Number Street Ste 1500			Last 4 digits of account number DeWilde \$ 815.00
Irvine CA 92618 City State ZIP Code			When was the debt incurred? 2013
<b>Who incurred the debt?</b> Check one. <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>			
<b>Is the claim subject to offset?</b> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<b>As of the date you file, the claim is:</b> Check all that apply. <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			<b>Type of NONPRIORITY unsecured claim:</b> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Services</p>
4.35	Synchrony Bank/Amazon		
Nonpriority Creditor's Name POB 960013 Number Street			Last 4 digits of account number 6045781113566524 \$ 1,361.49 When was the debt incurred? 2017
Orlando FL 32896 City State ZIP Code			<b>As of the date you file, the claim is:</b> Check all that apply. <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
<b>Who incurred the debt?</b> Check one. <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>			<b>Type of NONPRIORITY unsecured claim:</b> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>
<b>Is the claim subject to offset?</b> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
4.36	Terry Gladding		
Nonpriority Creditor's Name Double H Realty Services, LLC Number Street 800 Central Parkway E, Suite 100			Last 4 digits of account number Suite 220 \$ 5,174.46 When was the debt incurred? 2019
Plano TX 75074 City State ZIP Code			<b>As of the date you file, the claim is:</b> Check all that apply. <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
<b>Who incurred the debt?</b> Check one. <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>			<b>Type of NONPRIORITY unsecured claim:</b> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Office Lease</p>
<b>Is the claim subject to offset?</b> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.37	United Capital Source	
Nonpriority Creditor's Name		Last 4 digits of account number
111 Great Neck Rd		\$ Unknown
Number	Street	
Ste 416		
Great Neck	NY	11021
City	State	ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.38	US Dept of Education	Last 4 digits of account number 306230631379xxxx \$ 17,523.00
Nonpriority Creditor's Name		When was the debt incurred? 2014
2401 International		
Number	Street	
POB 7859		
Madison	WI	53704
City	State	ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.39	Wayfair	Last 4 digits of account number 7788502014316481 \$ 602.72
Nonpriority Creditor's Name		When was the debt incurred? 2018
POB 659450		
Number	Street	
San Antonio	TX	78265
City	State	ZIP Code
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			<b>Total claim</b>
<b>4.40</b>	Wells Fargo		
Nonpriority Creditor's Name			Last 4 digits of account number <u>8406 &amp; 0257 &amp; 7755</u> \$ <u>Unknown</u>
Legal Order Processing S4001-01E			When was the debt incurred? _____
Number Street POB 29779			<b>As of the date you file, the claim is:</b> Check all that apply.
Phoenix AZ 85038			<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code			<b>Type of NONPRIORITY unsecured claim:</b>
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Judgment Liens</u>
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.41</b>	Wells Fargo Bank NA		
Nonpriority Creditor's Name			Last 4 digits of account number <u>1398</u> \$ <u>1,541.98</u>
POB 5058			When was the debt incurred? <u>09/12/2019</u>
Number Street			<b>As of the date you file, the claim is:</b> Check all that apply.
Portland OR 97208			<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code			<b>Type of NONPRIORITY unsecured claim:</b>
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Overdrawn Bank Account</u>
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.42</b>	Wells Fargo c/o Microcenter		
Nonpriority Creditor's Name			Last 4 digits of account number <u>5774421941805419</u> \$ <u>924.63</u>
800 Walnut ST			When was the debt incurred? <u>2015</u>
Number Street MAC N0003-061			<b>As of the date you file, the claim is:</b> Check all that apply.
Wilmington DE 19801			<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code			<b>Type of NONPRIORITY unsecured claim:</b>
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Debt</u>
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Alfa Advance

Name

20200 W Dixie Hwy, #709

Number Street

Miami	FL	33180
City	State	ZIP Code

Brian H Smith, Esq

Name

20 N 3rd St

Number Street

Philadelphia	PA	19106
City	State	ZIP Code

Camp Gladiator

Name

W Rosaond Pkwy

Number Street

Anna	TX	75409
City	State	ZIP Code

Capital One

Name

POB 30285

Number Street

Salt Lake City	UT	84130
City	State	ZIP Code

Capital One

Name

POB 30281

Number Street

Salt Lake City	UT	84130
City	State	ZIP Code

Capital One

Name

POB 30281

Number Street

Salt Lake City	UT	84130
City	State	ZIP Code

Comenity Bank/Wayfair

Name

POB 182789

Number Street

Columbus	OH	43218
City	State	ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 2160****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 0946****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 9314****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 9314****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 5076****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.39 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 6481**

First Name

Middle Name

Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Complete Busienss Solutions Group (PAR Funding)

Name

20900 NE 30th Ave

Number Street  
Ste 307Miami FL 33180  
City State ZIP Code

Complete Busienss Solutions Group (PAR Funding)

Name

141 N 2nd St

Number Street

Philadelphia PA 19106  
City State ZIP Code

Complete Business Solutions Group, Inc dba Par Funding

Name

20 N 3rd St

Number Street

Philadelphia PA 19106  
City State ZIP Code

Complete Business Soutions Group Inc dba PAR Funding

Name

20 N 3rd St

Number Street

Philadelphia PA 19106  
City State ZIP Code

Contental Finance Company

Name

4550 New Linden Hill Rd

Number Street  
Ste 400Wilmington DE 19808  
City State ZIP Code

Credit One

Name

585 Pilot Road

Number Street

Las Vegas NV 89119  
City State ZIP Code

Credit One Bank

Name

POB 98872

Number Street

Las Vegas NV 89193  
City State ZIP Code**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 2160****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 2160****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 2587****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 3740****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 3740**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Department of the Treasury IRS Appeals Office

Name

4050 Alpha Rd

Number Street

Suite 517, MC : 8000NDAL

Dallas TX 75244  
City State ZIP Code

Discover

Name

POB 15316

Number Street

Wilmington DE 19850  
City State ZIP Code

First Credit Services, Inc

Name

POB 553 Skiles Ave

Number Street

Piscataway NJ 08855  
City State ZIP Code

Fundrez Cloud

Name

3110 37th Ave Ste 202

Number Street

Long Island City NY 11101  
City State ZIP Code

Fusion Funding

Name

Laila Sutar

Number Street

30 Bridle Path

Roslyn NY 11576  
City State ZIP Code

Fusion Funding

Name

12443 San Jose Blvd

Number Street

Jacksonville FL 32223  
City State ZIP Code

Fusion Funding

Name

Laila Sutar

Number Street

30 Bridle Path

Roslyn NY 11576  
City State ZIP Code**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 2.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number XXXX****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 3277****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fusion Funding

Name

12159 Traverine Trail

Number Street

Jacksonville	FL	32223
City	State	ZIP Code

Fusion Funding

Name

550 Wells Rd Suite 11

Number Street

Orange Park	FL	32073
City	State	ZIP Code

IRS

Name

POB 87

Number Street

Memphis	TN	38101
City	State	ZIP Code

IRS

Name

Number Street

Ogden	UT	84201
City	State	ZIP Code

JP Morgan Chase

Name

350 S Cleveland

Number Street

OH4-W501

Westerville	OH	43081
City	State	ZIP Code

JPMCB Card Services

Name

POB 15369

Number Street

Wilmington	DE	19850
City	State	ZIP Code

Kohl's Payment Center

Name

POB 2983

Number Street

Milwaukee	WI	53201
City	State	ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 2.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 2.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 5701****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 5701****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 7302**

First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Kohls Department Store

Name

POB 3115

Number Street

Milwaukee	WI	53201
City	State	ZIP Code

Macy's

Name

POB 8218

Number Street

Mason	OH	45040
City	State	ZIP Code

Macys/DSNB

Name

POB 9001108

Number Street

Louisville	KY	40290
City	State	ZIP Code

Mercury Card/FB&amp;T

Name

1415 Warm Springs Rd

Number Street

Columbus	GA	31904
City	State	ZIP Code

National Credit Systems

Name

18139 W Catawba Ave

Number Street

Cornelius	NC	28031
City	State	ZIP Code

Ohio Bureau of Workers Comp

Name

POB 89492

Number Street

Cleveland	OH	44101
City	State	ZIP Code

One Main

Name

POB 1010

Number Street

Evansville	IN	47706
City	State	ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 3XXX****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number XXXX****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number XXXX****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.27 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number XXXX****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 517X****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 2.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.31 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number XXXX**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Outpost at Waco

Name

2415 S University Parks Dr

Number Street

Waco	TX	76706
City	State	ZIP Code

Professional Account Management

Name

POB 863867

Number Street

Plano	TX	75086
City	State	ZIP Code

SYBCB/Amazon PLCC

Name

POB 965015

Number Street

Orlando	FL	32896
City	State	ZIP Code

Scjwartz &amp; Stafford, PA

Name

Suite 110, 8625 Crown Crescent Court

Number Street

Charlotte	NC	28227
City	State	ZIP Code

Texas Family Fitness

Name

910 W Parker Rd #250

Number Street

Plano	TX	75075
City	State	ZIP Code

Texas Helath Resources

Name

612 E Lamar Blvd

Number Street

Arlington	TX	76011
City	State	ZIP Code

US Small Business Association

Name

6501 Sylvan Rd

Number Street

Citrus Height	CA	95610
City	State	ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 517x****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.30 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 1467****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.35 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 6524****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 2160****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 0946****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number XXXX****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.25 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 7000**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Wells Fargo Bank NA c/o Microcenter

Name

POB 14517

Number Street

Des Moines

IA

50306

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.42 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 5419****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claim	
<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b> 6a. \$ <u>0.00</u>
	6b. <b>Taxes and certain other debts you owe the government</b> 6b. \$ <u>25,000.00</u>
	6c. <b>Claims for death or personal injury while you were intoxicated</b> 6c. \$ <u>0.00</u>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.      6d. + \$ <u>0.00</u>
	6e. <b>Total.</b> Add lines 6a through 6d.      6e. <span style="border: 1px solid black; padding: 2px;">\$ <u>25,000.00</u></span>
Total claim	
<b>Total claims from Part 2</b>	6f. <b>Student loans</b> 6f. \$ <u>17,523.00</u>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b> 6g. \$ <u>0.00</u>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b> 6h. \$ <u>0.00</u>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.      6i. + \$ <u>265,474.54</u>
	6j. <b>Total.</b> Add lines 6f through 6i.      6j. <span style="border: 1px solid black; padding: 2px;">\$ <u>282,997.54</u></span>

**Fill in this information to identify your case:**

Debtor	Traci Alicia DeWilde		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Eastern District of Texas			
Case number (if known)			

Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<p>Terry Gladding (Haggarty)</p> <p>Name Double H Realty Services, LLC</p> <p>Street Plano</p> <p>City State ZIP Code</p>	<p>Office Lease 220 Chisholm Place Suite 220 Plano, TX 75075</p> <p>Personal Guarantee for Business Lease Lessee</p>
2.2	<p>Georgetown Office Suites LLC</p> <p>Name 17290 Preston Rd Suite 300</p> <p>Street Dallas</p> <p>City State ZIP Code</p>	<p>Commercial Lease Agreement suite 200-G Personal Guarantee for Business Debt Lessee</p>
2.3	<p>Name</p> <p>Street</p> <p>City State ZIP Code</p>	
2.4	<p>Name</p> <p>Street</p> <p>City State ZIP Code</p>	
2.5	<p>Name</p> <p>Street</p> <p>City State ZIP Code</p>	

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Texas			
Case number (If known) _____			

Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

## 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

## 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include

Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? TX. Fill in the name and current address of that person.

Lanny Morrow

Name of your spouse, former spouse, or legal equivalent

Plano

Number Street

Plano

TX

75093

City

State

ZIP Code

## 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1	RKS Busienss Solutions	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.11</u> <input type="checkbox"/> Schedule G, line _____
	Name 4221 Deerhurst Dr	
	Street Plano TX 75093	
3.2	Red Knight Solutions, LLC	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.24</u> <input type="checkbox"/> Schedule G, line _____
	Name 4221 Deerhurst Dr	
	Street Plano TX 75093	
3.3	Red Knight Solutions, LLC	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.15</u> <input type="checkbox"/> Schedule G, line _____
	Name 4221 Deerhurst Dr	
	Street Plano TX 75093	

Debtor 1

Traci Alicia DeWilde

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

3.4

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

TX

75093

City

State

ZIP Code

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.37  
 Schedule G, line \_\_\_\_\_

3.5

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

TX

75093

City

State

ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.32  
 Schedule G, line \_\_\_\_\_

3.6

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

TX

75093

City

State

ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.3  
 Schedule G, line \_\_\_\_\_

3.7

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

TX

75093

City

State

ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.1  
 Schedule G, line \_\_\_\_\_

3.8

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

TX

75093

City

State

ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.29  
 Schedule G, line \_\_\_\_\_

3.9

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

TX

75093

City

State

ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.36  
 Schedule G, line \_\_\_\_\_

3.10

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

WI

75093

City

State

ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.4  
 Schedule G, line \_\_\_\_\_

3.11

Red Knight Solutions, LLC

Name

4221 Deerhurst Dr

Street

Plano

TX

75093

City

State

ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.11  
 Schedule G, line \_\_\_\_\_

Debtor 1

Traci Alicia DeWilde

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.12	<p>Red Knight Solutions, LLC</p> <p>Name 4221 Deerhurst Dr Street</p> <p>Plano TX 75093</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.25</u> <input type="checkbox"/> Schedule G, line _____
3.13	<p>Red Knight Solutions, LLC</p> <p>Name 4221 Deerhurst Dr Street</p> <p>Plano TX 75093</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.16</u> <input type="checkbox"/> Schedule G, line _____
3.14	<p>Red Knight Solutions, LLC</p> <p>Name 4221 Deerhurst Dr Street</p> <p>Plano TX 75093</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.33</u> <input type="checkbox"/> Schedule G, line _____
3.15	<p>Red Knight Solutions, LLC</p> <p>Name 4221 Deerhurst Dr Street</p> <p>Plano TX 75093</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.19</u> <input type="checkbox"/> Schedule G, line _____
3.16	<p>Red Knight Solutions, LLC</p> <p>Name 4221 Deerhurst Dr Street</p> <p>Plano TX 75093</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.18</u> <input type="checkbox"/> Schedule G, line _____
3.17	<p>Red Knight Solutions, LLC</p> <p>Name 4221 Deerhurst Dr Street</p> <p>Plano TX 75093</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.31</u> <input type="checkbox"/> Schedule G, line _____
3.18	<p>Name Street</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3.19	<p>Name Street</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Texas			
Case number (if known) _____			

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

Employed  
 Not employed

**Debtor 2 or non-filing spouse**

Employed  
 Not employed

**Occupation****IP Staffing**

Red Knight Solutions, LLC

**Employer's name****Employer's address**

4221 Deerhurst Dr

Number Street  
4221 Deerhurst Dr

Plano, TX 75093

City State ZIP Code

Number Street

City State ZIP Code

**How long employed there? 3 Years****Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. **Estimate and list monthly overtime pay.**
4. **Calculate gross income.** Add line 2 + line 3.

**For Debtor 1**

2. \$ 0.00

**For Debtor 2 or non-filing spouse**

\$ \_\_\_\_\_

3. + \$ 0.00

+ \$ \_\_\_\_\_

4. \$ 0.00

\$ \_\_\_\_\_

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>Copy line 4 here.....</b>	→ 4. \$ 0.00	\$ _____
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ 0.00	\$ _____
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ _____
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ _____
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ _____
5e. <b>Insurance</b>	5e. \$ 0.00	\$ _____
5f. <b>Domestic support obligations</b>	5f. \$ 0.00	\$ _____
5g. <b>Union dues</b>	5g. \$ 0.00	\$ _____
5h. <b>Other deductions. Specify:</b> _____ _____ _____ _____	5h. + \$ _____ \$ _____ \$ _____ \$ _____	+ \$ _____ \$ _____ \$ _____ \$ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ _____
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ _____
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 5,200.47	\$ _____
8b. <b>Interest and dividends</b>	8b. \$ 0.00	\$ _____
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 812.00	\$ _____
8d. <b>Unemployment compensation</b>	8d. \$ 0.00	\$ _____
8e. <b>Social Security</b>	8e. \$ 0.00	\$ _____
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ _____
8g. <b>Pension or retirement income</b>	8g. \$ 0.00	\$ _____
8h. <b>Other monthly income. Specify:</b> _____	8h. + \$ 0.00	+ \$ _____
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 6,012.47	\$ _____
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 6,012.47	+ \$ _____ = \$ 6,012.47
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ 0.00	\$ 6,012.47
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 6,012.47	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Eastern District of Texas		
(State)		
Case number (If known)		

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

## 1. Is this a joint case?

 No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

17

 No Yes

StepDaughter

21

 No Yes No Yes No Yes No Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

 No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$ 2,300.00

4a. \$ 0.00

4b. \$ 50.00

4c. \$ 30.00

4d. \$ 0.00

Debtor 1 **Traci Alicia DeWilde**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>500.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>120.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>500.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
<b>7. Food and housekeeping supplies</b>	
	7. \$ <u>500.00</u>
<b>8. Childcare and children's education costs</b>	
	8. \$ <u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	
	9. \$ <u>150.00</u>
<b>10. Personal care products and services</b>	
	10. \$ <u>50.00</u>
<b>11. Medical and dental expenses</b>	
	11. \$ <u>100.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	
	12. \$ <u>200.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	
	13. \$ <u>0.00</u>
<b>14. Charitable contributions and religious donations</b>	
	14. \$ <u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>500.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>350.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	
	16. \$ <u>0.00</u>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>661.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	
	18. \$ <u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	
	19. \$ <u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Traci Alicia DeWilde  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. +\$ \_\_\_\_\_ 0.00

+\$ \_\_\_\_\_

+\$ \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ \_\_\_\_\_ 6,011.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ \_\_\_\_\_

22c. \$ \_\_\_\_\_ 6,011.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ \_\_\_\_\_ 6,012.47

23b. Copy your monthly expenses from line 22c above.

23b. -\$ \_\_\_\_\_ 6,011.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ \_\_\_\_\_ 1.47

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

**Fill in this information to identify your case:**

Debtor 1	<b>Traci Alicia DeWilde</b>		
	First Name	Middle Name	Last Name
<b>Debtor 2</b> (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Eastern District of Texas			
Case number (If known)	<hr/>		

Check if this is an amended filing

# Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Traci Alicia DeWilde

---

**Signature of Debtor 1**

10

---

**Signature of Debtor 2**

Date 10/18/2019  
MM / DD / YYYY

Date \_\_\_\_\_

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Eastern District of Texas			
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

## Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Capital One Auto Finance	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2014 Ford Escape		
Creditor's name: Capital One Auto Finance	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2014 Cadillac XTS		
Creditor's name: Capital One Auto Finance	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2015 Ford Mustang		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:		

Debtor

Traci Alicia DeWilde

Case number (If known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Traci Alicia DeWilde

Signature of Debtor 1

Date 10/18/2019

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Eastern District of Texas		
Case number (If known)		

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

## 5. Net income from operating a business, profession, or farm

Debtor 1	Debtor 2
----------	----------

\$ _____	\$ _____
----------	----------

Ordinary and necessary operating expenses	\$ _____	\$ _____
---	----------	----------

Net monthly income from a business, profession, or farm	\$ _____	\$ _____
---	----------	----------

Copy here → \$ \_\_\_\_\_ \$ \_\_\_\_\_

## 6. Net income from rental and other real property

Debtor 1	Debtor 2
----------	----------

\$ _____	\$ _____
----------	----------

Ordinary and necessary operating expenses	\$ _____	\$ _____
---	----------	----------

Net monthly income from rental or other real property	\$ _____	\$ _____
---	----------	----------

Copy here → \$ \_\_\_\_\_ \$ \_\_\_\_\_

## 7. Interest, dividends, and royalties

\$ _____	\$ _____
----------	----------

Debtor 1 **Traci Alicia DeWilde**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Column A  
Debtor 1****Column B  
Debtor 2 or  
non-filing spouse****8. Unemployment compensation**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you ..... \$ \_\_\_\_\_

For your spouse ..... \$ \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

---

---

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Total amounts from separate pages, if any.

+ \$ \_\_\_\_\_ + \$ \_\_\_\_\_

\$ _____	+	\$ _____	=	\$ _____
----------	---	----------	---	----------

Total current  
monthly income**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11. .... **Copy line 11 here ➔**

\$ \_\_\_\_\_

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ \_\_\_\_\_

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. .... 13.

\$ \_\_\_\_\_

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3.14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Debtor 1 Traci Alicia DeWilde  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** /s/ Traci Alicia DeWilde

Signature of Debtor 1

Date 10/18/2019

MM / DD / YYYY

**X**

Signature of Debtor 2

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

## Fill in this information to identify your case:

Debtor 1	Traci Alicia DeWilde	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Eastern District of Texas		
Case number (If known)		

Check if this is an amended filing

## Official Form 122A-1Supp

## Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

## Part 1: Identify the Kind of Debts You Have

1. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave on line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

## Part 2: Determine Whether Military Service Provisions Apply to You

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. Are you or have you been a Reservist or member of the National Guard?

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 22A-1. On the top of page 1 of Form 22A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 22A-1. You are not required to fill out the rest of Official Form 22A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Alfa Advance  
20200 W Dixie Hwy, #709  
Miami, FL 33180

Capital One Auto Finance  
POB 60511  
City Of Industry, CA 91716

Alfa Funding aka Alfa Advance  
3110 37th Ave, Ste 202  
Long Island City, NY 11101

Capital One Auto Finanice  
POB 60511  
City Of Industry, 91716

American Receivable  
12655 N Central Expressway  
Suite 675  
Dallas, TX 75243

CashNet  
5032 Pershing Ave  
Fort Worth, TX 76107

Aquinas Capital Funding  
2 University Plaza Suite 100  
Hackensack, NJ 07601

Citi Cards/Citibank  
POB 20483  
Kansas City, MO 64195

Arizona Department of Economic Security  
POB 6028  
Mail Drop 5881  
Phoenix, AZ 85005

Comenity Bank/Wayfair  
POB 182789  
Columbus, OH 43218

Baymont  
621 Central Pkwy E  
Plano, TX 75074

Commonwealth Fin Systems  
c/o Texas Health Resources  
245 Main St  
Dickson City, PA 18519

Brian H Smith, Esq  
20 N 3rd St  
Philadelphia, PA 19106

Complete Busienss Solutions Group (PAR Fundin  
20900 NE 30th Ave  
Ste 307  
Miami, FL 33180

Build Card  
c/o Continental Finance Co  
POB 660269  
Dallas, TX 75266

Complete Busienss Solutions Group (PAR Fundin  
141 N 2nd St  
Philadelphia, PA 19106

Camp Gladiator  
W Rosaond Pkwy  
Anna, TX 75409

Complete Business Solutions Group  
20-22 N 3rd St  
Philadelphia, PA 19106

Capital One  
POB 30285  
Salt Lake City, UT 84130

Complete Business Solutions Group, Inc dba Pa  
20 N 3rd St  
Philadelphia, PA 19106

Capital One  
POB 60599  
City Of Industry, CA 91716

Complete Business Soutions Group Inc dba PAR  
20 N 3rd St  
Philadelphia, PA 19106

Capital One  
POB 30281  
Salt Lake City, UT 84130

Contental Finance Company  
4550 New Linden Hill Rd  
Ste 400  
Wilmington, DE 19808

Credit One  
POB 60500  
City Of Industry, CA 91716

Fusion Funding  
12159 Traverine Trail  
Jacksonville, FL 32223

Credit One  
585 Pilot Road  
Las Vegas, NV 89119

Fusion Funding  
550 Wells Rd Suite 11  
Orange Park, FL 32073

Credit One Bank  
POB 98872  
Las Vegas, NV 89193

Georgetown Office Suites LLC  
17290 Preston Rd Suite 300  
Dallas, TX 75252

Department of the Treasury IRS Appeals Offic  
4050 Alpha Rd  
Suite 517, MC : 8000NDAL  
Dallas, TX 75244

Haggard Property Group

Discover  
POB 790213  
Saint Louis, MO 63179

Helix  
9019 S 7 Highway  
Lees Summit, MO 64064

Discover  
POB 15316  
Wilmington, DE 19850

IRS  
Insolvency Remittance  
POB 7317  
Philadelphia, PA 19101

EDD  
POB 826805  
Sacramento, CA 94205-0001

IRS  
POB 87  
Memphis, TN 38101

First Credit Services  
c/o Camp Gladiator or Texas Family Fitne  
337 Hoes Lane, Suite 200  
Piscataway, NJ 08854

IRS  
Ogden, UT 84201

First Credit Services, Inc  
POB 55 3 Skiles Ave  
Piscataway, NJ 08855

Illinois Department of Employment Security  
33 State St  
10th Floor  
Chicago, IL 60603-2802

Fundrez Cloud  
3110 37th Ave Ste 202  
Long Island City, NY 11101

Indiana Department of Revenue  
TIS: 0161474500-001  
POB 1028  
Indianapolis, IN 46206

Fusion Funding  
12443 San Jose Blvd  
Jacksonville, FL 32223

JP Morgan  
Court Orders and Levies  
POB 183164  
Columbus, OH 43218

Fusion Funding  
Laila Sutar  
30 Bridle Path  
Roslyn, NY 11576

JP Morgan Chase  
POB 15123  
Wilmington, DE 19850

JP Morgan Chase  
350 S Cleveland  
OH4-W501  
Westerville, OH 43081

Macys/DSNB  
POB 9001108  
Louisville, KY 40290

JPMCB Card Services  
POB 15369  
Wilmington, DE 19850

Mercury Card/FB&T  
1415 Warm Springs Rd  
Columbus, GA 31904

John Hartley, Esq  
20 N 3rd St  
Philadelphia, PA 19106

Mercury Master Card  
Card Services  
POB 84064  
Columbus, GA 31908

KHOLS Department Store  
POB 3115  
Milwaukee, WI 53201

National Credit Systems  
c/o Outpost at Waco  
POB 312125  
Atlanta, GA 31131

Kansas Department of Revenue  
Division of Taxation  
120 SE 10th Ave POB 3506  
Topeka, KS 66601-3506

National Credit Systems  
18139 W Catawba Ave  
Cornelius, NC 28031

Kohl's Payment Center  
POB 2983  
Milwaukee, WI 53201

Nextwave Enterprises, LLC  
c/o Carlos M Ferreyros, Esq  
5757 Blue Lagoon Dr, Suite 170  
Miami, 33126

Kohls Department Store  
POB 3115  
Milwaukee, WI 53201

Nextwave Enterprises LLC  
c/o Carlos M Ferreyros, Esq  
5757 Blue Lagoon Dr, Suite 170  
Miami, FL 33126

LG Funding  
1218 Union St  
Brooklyn, NY 11225

North Texas Tollway  
5900 W Plano Pkwy  
Plano, TX 75093

Leap Credit  
Bastion Funding TX II LLC  
One Atlantic St, 7th FL  
Stamford, CT 06901

Ohio Bureau of Workers Comp  
30 W Spring St  
Columbus, OH 43215-2256

Liftfund  
SBA  
2007 W Martin St  
San Antonio, TX 78207

Ohio Bureau of Workers Comp  
POB 89492  
Cleveland, OH 44101

Macys  
POB 8218  
Mason, OH 45040

One Main  
POB 1010  
Evansville, IN 47706

Macys/DSNB  
POB 78008  
Phoenix, AZ 85062

One Main Financial  
Pitman Corners  
1301 Custer Rd Ste 250  
Plano, TX 75075

Scjwartz & Stafford, PA  
Suite 110, 8625 Crown Crescent Court  
Charlotte, NC 28227

Onpoint Solutions  
360 RxR Plaza  
Uniondale, NY 11556

Smile Barands Financing  
100 Specturm Center Dr  
Ste 1500  
Irvine, CA 92618

Oregon Department of Revenue  
955 Center St NE  
Salem, OR 97301

Synchrony Bank/Amazon  
POB 960013  
Orlando, FL 32896

Outpost at Waco  
2415 S University Parks Dr  
Waco, TX 76706

Terry Gladding  
Double H Realty Services, LLC  
800 Central Parkway E, Suite 100  
Plano, TX 75074

PAR Funding  
20 N 3rd St  
Philadelphia, PA 19106

Terry Gladding (Haggarty)  
Double H Realty Services, LLC  
800 Central Parkway E, Suite 100  
Plano, 75074

Pennsylvania Department of Labor  
651 Boas Street  
Harrisburg, PA 17121-0750

Texas Family Fitness  
910 W Parker Rd #250  
Plano, TX 75075

Professional Account Managment  
POB 863867  
Plano, TX 75086

Texas Helath Resources  
612 E Lamar Blvd  
Arlington, TX 76011

RKS Busienss Solutions  
4221 Deerhurst Dr  
Plano, TX 75093

US Dept of Education  
2401 International  
POB 7859  
Madison, WI 53704

Red Knight Solutions, LLC  
4221 Deerhurst Dr  
Plano, TX 75093

US Small Business Association  
6501 Sylvan Rd  
Citrus Height, CA 95610

Red Knight Solutions, LLC  
4221 Deerhurst Dr  
Plano, WI 75093

United Capital Source  
111 Great Neck Rd  
Ste 416  
Great Neck, NY 11021

Residence Inn  
1705 E President Bush Highway  
Plano, TX 75074

Wayfair  
POB 659450  
San Antonio, TX 78265

SYBCB/Amazon PLCC  
POB 965015  
Orlando, FL 32896

Wells Fargo  
Legal Order Processing S4001-01E  
POB 29779  
Phoenix, AZ 85038

Wells Fargo Bank NA  
POB 5058  
Portland, OR 97208

Wells Fargo Bank NA c/o Microcenter  
POB 14517  
Des Moines, IA 50306

Wells Fargo c/o Microcenter  
800 Walnut ST  
MAC N0003-061  
Wilmington, DE 19801

United States Bankruptcy Court  
Eastern District of Texas

In re: Traci Alicia DeWilde

Case No.

Debtor(s)

Chapter 7

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/18/2019

/s/ Traci Alicia DeWilde

Signature of Debtor

Signature of Joint Debtor

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	
\$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

---

## Chapter 11: Reorganization

---

\$1,167	filing fee	
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	\$75 administrative fee
\$275 total fee	

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	\$75 administrative fee
\$310 total fee	

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

**United States Bankruptcy Court**  
Texas - Eastern

In re: Traci DeWilde

Case No.

Chapter 7

Debtor(s)

**BUSINESS INCOME AND EXPENSES**

<b>Gross Monthly Income</b>	<b>\$ 65,577.32</b>
<b>Business Expenses</b>	
Cost of goods sold	1,690.52
Advertising	72.28
Car and truck expenses	828.37
Fees	1,783.72
Depreciation	_____
Employee benefits	25,833.76
Insurance	12,032.49
Interest	207.66
Legal and professional	6,861.01
Office expense	1,075.68
Pension and profit sharing	_____
Rent	1,852.36
Other leases	_____
Repairs	_____
Maintenance	_____
Supplies	91.83
Taxes and licenses	20.42
Travel, meals, etc	2,917.28
Utilities	503.43
Other Contractors	24,256.71
Miscelaneous	307.52
Uncategorized Expense	623.19
<b>Total Expenses</b>	<b>\$ 80,958.23</b>
<b>Net Monthly Income</b>	<b>\$ -15,380.91</b>